



**ZdravReform**  
**ЗдравРепорм**

**Trip Report 0896**

# **PHARMACY, FAMILY PLANNING, AND INFECTIOUS DISEASE ACTIVITIES IN KAZAKSTAN AND KYRGYZSTAN**

April 11, 1997-August 18, 1997

Prepared under Task Orders 551, 552 and 553 by  
Grace Hafner, B.S. Pharm, M.P.H.

submitted by ZdravReform Program to  
USAID/ENI/HR/HP

USAID Contract No. CCN-0004-C-00-4023-00  
Managed by ZdravReform Associates Inc.  
with offices in Bethesda, Maryland, USA,  
Moscow, Russia; Almaty, Kazakstan; Kiev, Ukraine

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## I. EXECUTIVE SUMMARY

Prime objectives of this consultancy were to develop a plan for and to begin implementation of two new projects, Family Planning/Reproductive Health and Infectious Diseases. The formation of family group practices (FGP) in Zhezkazgan, Kazakhstan, and Issyk-Kul Oblast, Kyrgyzstan, has created the opportunity to introduce modern clinical practices in family planning and the treatment of infectious diseases into an integrated setting of comprehensive primary care. Another major objective was achieved in the production of an international/generic/brand name drug booklet, which can be provided to the FGPs. Other work, of an on-going nature, included monitoring the dissemination of the drug information book, monitoring formulary acceptance and working on the drug pricing survey. Some of the work had to be slowed or adjusted due to the unexpected merging of the two *ZdravReform* health care pilot oblasts with other oblasts. This issue is noted in the text as applicable.

## II. BACKGROUND

*ZdravReform* has been operational in Central Asia since June 1994, when the regional office was established. During the last two years, it has developed a strong program in Kazakhstan and Kyrgyzstan to address three fundamental problems in the health sector: 1) reduced availability and high cost of pharmaceuticals; 2) inefficient use of available resources; 3) decreased level of funding. The principle program strategy has been to work intensively in selected oblasts in Kazakhstan and Kyrgyzstan to comprehensively restructure the health system, and to work at the national level in Kazakhstan to create the regulatory framework to support reforms.

To address the problem of reduced availability and high cost of pharmaceuticals, the *ZdravReform* Program plan was to improve the system of pharmaceutical distribution in Kazakhstan through privatization. The components of the pharmaceutical program were 1) privatization of retail and wholesale pharmacies; 2) post-privatization support of pharmacies; 3) adoption of a national essential drug list; 4) development of a drug information system; and 5) development of national, oblast and facility-specific formularies. *The privatization program was completed in early 1997 and there will be no further work in this area, except for the following:*

- *The dissemination of the drug books to the country will be monitored to ensure completion of this project.*
- *The pricing survey needed to be completed and a final pharmacy survey needed to be conducted to lay the groundwork for potential work in critical benefits.*
- *The formulary acceptance process will continue to be monitored.*
- *More health education material needed to be developed to increase the acceptance of the essential drug list and the use of international drug names.*

To rectify some health care inefficiency, the *ZdravReform* Program planned to shift resources from the hospital sector to a reorganized system of primary care consisting of independent primary care practices. The new primary care practices were to be strengthened clinically and organizationally. *The need to promote clinical training in the*

*FGPs led to inclusion of family planning and infectious disease programs, dedicated to incorporating modern clinical training into the FGP. The other major benefit of increasing the acceptance of these primary care activities in the FGP is in moving away from a vertical program to a comprehensive program of primary care. Therefore, one of this consultant's tasks during the past months was to develop programs which will:*

- *Introduce family planning into the newly formed FGPs and also publicize that the FGP is now a source of family planning assistance.*
- *Train family doctors in a modern clinical method of assessing and treating Acute Respiratory Infection/Childhood Diarrheal Diseases (ARI/CDD).*

### **III. OBJECTIVES**

The consultant's statement of work (SOW) and major outputs were as follows:

#### *Statement of work:*

1. Revise primary care formulary and obtain pertinent drug reference books (Vidals, etc.) for FGPs;
2. Produce a small paper-cover International/Generic and Brand Name Synonym booklet for distribution to all of ZdravReform-affiliated FGPs;
3. Monitor dissemination of drug information book;
4. Continue monitoring formulary acceptance;
5. Continue to collect and analyze pricing and availability survey, which is being used to monitor privatization effects on pharmaceutical market;
6. Design and implement a family planning program, integrated into the FGP, in Issyk-Kul, Zhezkazgan, Semipalatinsk, and Almaty City; and
7. Collaborate with other donors, especially CDC and BASICS, on training in health care reform oblasts in acute respiratory infection and childhood diarrheal diseases.

#### *Outputs:*

1. Drug monograph booklet to accompany Karakol primary care formulary for FGP
2. Small booklet on international/generic and brand names of drugs
3. Brief report on result and progress of dissemination
4. Brief report on formulary progress
5. Pricing survey report
6. Brief report on progress of the family planning project
7. Brief report on progress of infectious disease project

### **IV. FINDINGS AND RECOMMENDATIONS**

1. *Revise Karakol Primary Care Formulary and obtain pertinent drug reference books (Vidals, etc.) for FGPs.*

**Background:** Formularies are drug lists that provide an important basis for modern medical practice as well as proper purchasing practices. These drug formularies involve the input of leading medical specialists who usually form a Pharmacy and Therapeutics Committee. The drugs are selected on the basis of their therapeutic usefulness and their

economic basis (consideration of the cost of the medicine or even the cost of not using the medicine). The earlier work of the *ZdravReform* pharmacy consultants centered around developing formulary “models” for different levels of practice, such as oblast, regional, maternity, or tuberculosis hospitals.

The Primary Care Formulary for Karakol was originally developed in 1996, by *ZdravReform* consultants and local doctors. It was given to some of the doctors in the Family Practice Association (FPA) at that time, but was never fully accepted. Some reasons for the non-acceptance were:

- There was no economic reason for the FGPs to use this formulary, since the FGPs do not generally purchase or supply medicines to the patients (except for a small emergency office supply).
- A formal Pharmacy and Therapeutics Committee had not been established.
- Local pharmacies were not carrying all the medicines that were on the formulary.
- There was no legal mandate to have a formulary

*Activities and results:* *ZdravReform* consultants decided that there needed to be more work on the Primary Care Formulary, since it is believed that this type of formulary could be very helpful to the family doctors, especially in terms of therapeutics. Refinement and reintroduction of the formulary was decided to be part of this current consultancy, with an ultimate goal of manufacturing a small drug reference book.

Idar Rommen, a U.S. family physician who worked with *ZdravReform* in Issyk-Kul, agreed to help increase acceptance of the formulary. First, a survey of drug stock in the local pharmacies was done by the FGP doctors, using the original primary care formulary. Some drugs were not available. *ZdravReform* consultants reviewed the list and suggested substitutions when possible. In some cases, for example the drug Levothyroxine, used to treat hypothyroidism, was unavailable, and there is no substitute.

The next step was to involve the new clinical training director for the FPA, Dr. Nazar Usupaliev. A meeting was held with *ZdravReform*, Dr. Usupaliev and the leading FPA doctors. It was decided that the formulary would be rewritten, giving more consideration to the local situation. The consultants then met with each individual doctor on the committee and worked with them on their specialty list.

*The final draft is now being reviewed by the Pharmacy and Therapeutics Committee. The Committee’s current plan is to invite the local pharmacists to a meeting, explain the concept, give them copies of the formulary—and, it is hoped, gain their cooperation. This activity should increase the availability of the drugs. Therapeutic benefit can be achieved by increasing the doctors’ acceptance of which drugs are appropriate for specific conditions in primary care. This revised primary care formulary will then form the basis for development by ZdravReform consultants of a small drug reference book that can provide the necessary prescribing information.*

2. *Produce a small paper-cover International/Generic and Brand Name Synonym booklet for distribution to all of ZdravReform-affiliated FGP's.*

**Background:** Health care providers are frequently confused or ignorant of brand and international names of medications. This ignorance can result in medication errors, as well as high costs, since the doctors may be mixing up brand and generic names or recommending only more expensive brand names. ZdravReform consultants, in conjunction with the Kazakhstan Ministry of Health (MOH) decided that a small pocket-size booklet with the essential drug list international name, therapeutic class, and brand name, with national drug registration status, would help to solve this problem. These booklets can be distributed to the family practitioners, FGPs and other health care providers.

**Activities and Results:** The booklet was completed in early July and sent to the printer for publication. The MOH solicited support for the printing costs, and Lederle Laboratories generously agreed to donate the funds for 2,000 copies. Printing should be completed by mid-August and the booklet then will be distributed. Five hundred copies will be given to ZdravReform to distribute to the FGPs in the pilot health care sites. The other 1,500 copies will be sold by the MOH for a nominal charge, which will support the production of further editions of the booklet in a sustainable education program.

3. *Monitor dissemination of drug information book.*

**Background:** The Drug Reference book was developed and published by ZdravReform, in cooperation with the MOH. This book was designed to fill a void in modern drug information on the essential drug list of Kazakhstan and intended for FGP doctors and other health care professionals.

**Activities and results:** Primary responsibility for distribution was given to the MOH. The book was first distributed at the National Collegia (meeting of oblast health care leaders) in early 1997, and ZdravReform gave books to local drugstores which were conducting a pricing survey. The MOH did additional distribution to several oblasts, and ZdravReform consultants have offered to help facilitate delivery to the last two oblasts, Kustanay and Kyzlorda. About 85 percent of the books have been distributed; around 650 remain. One obstacle to widespread distribution has been that some oblasts have not been able to provide truck transportation.

4. *Continue monitoring formulary acceptance*

**Background:** ZdravReform consultants working with local hospitals developed formularies during 1995 and 1996. These formularies are now provided as samples to other hospitals. A MOH decree in February 1997 required all facilities to have a formulary. Dr. Abdoullin of the MOH reports that three facilities in Ust-Kamenogorsk (the Institute of Gynecology and Pediatrics, Maternity Hospital and the Oncology Hospital) have developed formularies, using the ZdravReform/MOH samples. In

Semipalatinsk, where *ZdravReform* has carried out a number of activities, formulary development was supported heavily by the local health department's pharmacist, who did short seminars in various polyclinics and hospitals on this topic. This pharmacist had been supplied with the *ZdravReform*/MOH Development and Implementation of Formularies Manual and several sample formularies.

*5. Continue to collect and analyze pricing and availability survey, which is being used to monitor privatization effects on pharmaceutical market*

**Background:** In order to monitor some of the effects of pharmacy privatization, the drug pricing survey was continued until April 1997. At that time, the contract with the local data collection company, BRIF, was cancelled. A final analysis/report is being prepared, but has been delayed by technical difficulties.

**Activities and Results:** *As an adjunct and supplement to the final BRIF report, a detailed pharmacy/drug price survey was conducted in June and July by ZdravReform intern Barbara Burgess and local staff. The data is being processed and a final report on the Burgess material and analysis is expected in early autumn.*

*6. Design and implement a family planning program, integrated into the FGP, in Issyk Kul, Zhezkazgan, Semipalatinsk, and Almaty City.*

**Background:** Family planning is a logical component of FGPs. Primary care is the first step in access for many young couples of reproductive age and thus educating both the family doctors and the public is an important step in increasing acceptance of family planning in the FGP.

**Activities and Results:** *A proposal for a family planning program was drafted by this consultant and given to USAID for approval during a series of meetings with key staff in Almaty. (See Appendix B.)*

1. At this time, activities are following the time line detailed in this proposal. (See Appendix B.) Major work was done in collaborating with other donors and setting up several seminars. Implementation is ongoing and will continue from September to December 1997.
2. Site visits were conducted to Zhezkazgan April 22-25, 1997; to Karaganda, July 6-8, 1997; and to Karakol, May 19-23, June 9-13 and July 20-25, 1997.

*7. Collaborate with other donors, especially CDC and BASICS, on training in health care reform oblasts in acute respiratory infection and childhood diarrheal diseases.*

**Background:** FGPs are the first entry point into the health care system for many children in the *ZdravReform* pilot oblasts. Clinical training in Acute Respiratory Diseases/Childhood Diarrheal Diseases (ARI/CDD) can lower mortality in young children under age five by increasing the competence of the health care providers in proper diagnosis. In addition, there are cost savings that can be realized by keeping the



patient in the primary care sector, through timely diagnosis and prompt treatment, rather than referring a much sicker child to the specialty polyclinic or infectious disease hospital.

***Activities and Results:*** *A proposal for an ARI/CDD training program was drafted by this consultant and given to USAID for approval during a series of meetings with key staff here in Almaty. (See appendix A.)*

At this time, activities are following the time line which is detailed in this proposal.

1. Major work was done in collaborating with other donors, leveraging the extensive groundwork laid by BASICS program
2. Two master trainers were selected (one each from Kyrgyzstan and Kazakstan). These trainers were sent to the BASICS/WHO Master Trainer Course for Diarrheal Diseases.
3. Training sites for Karaganda and Karakol were selected and set up with TV and VCR.
4. Implementation is ongoing and will continue from September 1997 to March 1998.
5. Site visits were conducted to Karaganda, July 6-8, 1997; and to Karakol, May 19-23, June 9-13 and July 20-25, 1997.

The tuberculosis work necessitates *ZdravReform*'s close collaboration with Project HOPE and CDC. At this time, preliminary discussions have taken place between the collaborators and the responsible local health care officials. Future work will depend on Project HOPE and CDC, who are largely responsible for the start-up phase. In collaboration with CDC, *ZdravReform* will carry out a cost-effectiveness analysis of Directly Observed Therapy (DOTS) versus current long-term hospitalization/dispensary system (1-2 years). *ZdravReform* will carry out step-down cost accounting of the demonstration tuberculosis dispensaries which will provide information on the current cost per case.

Other infectious disease work included a one-hour presentation, *Pharmaceutical Management Considerations in Vaccine Procurement*, by this consultant at the International Practices of Vaccine Procurement and Organization of Quality Assurance Seminar, in Almaty, Kazakstan, June 30-July 2, 1997, sponsored by USAID/BASICS in cooperation with the Kazakstan MOH and with technical support from WHO, UNICEF, and *ZdravReform*/Abt Associates Inc.

## **V. FUTURE ACTIVITIES AND WORKPLANS**

SOW and outputs for this consultant's next proposed trip to Central Asia, September 3-December 31, 1997, follow:

### SOW:

1. Continue integration of the Family Planning/Reproductive Health project into FGPs in Zhezkazgan and Issyk-kul.
2. Continue implementation of the ARI/CDD portion of the Infectious Disease project into Karaganda and Issyk-Kul Oblasts by collaborating with BASICS and other

donors; in Almaty City and Bishkek, continue collaboration with Project HOPE and CDC in implementing a tuberculosis pilot.

3. Disseminate international/generic/brand name drug booklet to the FGPs.
4. Continue monitoring formulary acceptance.
5. Develop drug information book to complement primary care formulary for Karakol FGPs.

Outputs:

1. Brief report on progress of the family planning project
2. Brief report on progress of the infectious diseases project
3. Brief report on dissemination progress
4. Brief report on formulary acceptance
5. Drug information book

## VI. EVALUATION

Family Planning in the FGPs will be monitored by use of the following indicator:

**IR 3.2.2.1:** Modern management techniques and clinical practices introduced

**Indicator:** Increase number of health providers using modern management techniques and clinical practices

**Definition:** Increase number of providers using modern family planning practices, defined as: Kazakhstan: number of family doctors trained/total number of family doctors in Zhezkazgan City and Satpaeva (city); Kyrgyzstan: number of family doctors trained/total number of family doctors in Issyk-Kul Oblast

**Output Goal:** 80 percent

Infectious Diseases will be monitored by use of the following indicator:

**IR 3.2.2.1:** Modern management techniques and clinical practices introduced

**Indicator 1:** Increase in number of providers using modern management techniques and clinical practices

**Definition:** Providers using modern treatment protocols for infectious diseases, defined as: Kazakhstan: number of family doctors trained/total number of family doctors in Zhezkazgan City and Satpaeva; Kyrgyzstan: number of family doctors trained/total number of family doctors in Issyk-Kul Oblast

**Output goal:** 20 percent by March 1998

## VII. OTHER ACTIVITIES

**Critical Benefits:**

1. *Semipalatinsk, drug reimbursement work, site visit April 22-25, 1997*

ZdravReform consultants worked with the Pharmacy Department of the Semipalatinsk Department of Health (DOH). A practical scheme for reimbursement of the socially protected classes was planned, based on previous ZdravReform work from October 1996. Particular features of this model included the following: computerization; simplified payment system. The possibility of using co-payments was explored in meetings with a pharmacy group and with several officials in the DOH. The Pharmacy Department had

collected data needed for the project, and ZdravReform had promised to assist in acquiring a computer and providing a programmer and technical assistance.

*This drug reimbursement work was subsequently put on hold due to the merging of Semipalatinsk with Ust-Kamenogorsk oblast.*

2. *A Customer Survey is in the process of being designed and pretested as part of the summer internship of Barbara Burgess.*

The main issues covered by this survey are as follows. How are the consumers perceiving the current pharmaceutical market? Is there a greater variety of drugs than before? Has service improved? Are drugs less expensive? Is availability improved? Has perceived quality of drugs changed? How do consumers view their own financial status compared to others? Is there a relationship between the household's drug purchasing habit with presence of protected class members? Can privatization of pharmacies be related to issues in Critical Benefits?

3. *Zhezkazgan, drug price survey, family planning, site visit May 6-8, 1997*

ZdravReform consultants visited Zhezkazgan to assess possibility of working on an FGP primary care formulary; for doing a drug pricing survey and drug reimbursement work; and laying the groundwork for a family planning project.

*The drug pricing survey and drug reimbursement work was put on hold due to the merging of Zhezkazgan with Karaganda oblast.*

## **VIII: REFERENCES**

### **Persons Contacted**

#### **Almaty:**

ZdravReform/Abt Associates, Inc.:

Michael Borowitz, M.D., Regional Director

Sheila O'Dougherty, Deputy Director

Cheryl Wickham, Economist

Barbara Holoway, Administration

IPPF:

Carol Jacobsen

UNFPA:

Dr. Aida Alzhanova, National Project Officer

Kazakstan Medical Pedagogical Association

Tamara Djusubalieva

BASICS:

Dian Woodle, Sr. Procurement Officer, Path

Dr. Laurence Laumonier-Icks, Regional Advisor, Central Asia

Lyndon Brown, Operations Officer

Dr. Aigul Kattumuratova, National Technical Officer

Gedeon Richter Drug Company:

Elvira Melichova,

Medecins Sans Frontiers:

Dr. Selenic Dejana, Almaty Project

World Bank:

John Kaufman, Consultant

Pathfinder International:

Nafiz Guder, Program Officer

Rita Khamzaeva

Family Health International:

Matthew Tiedemann, Senior Program Officer

Arike Alinova, Regional Representative

UNICEF:

Stephane Guichard, Central Asian Program Officer,

Charles Rampert, Chief, Procurement Services, Copenhagen

Aidel Saperbekov, Health Officer

AIHA:

Emily Jenkins

Futures Group

Don Ruschman, Regional Manager Central Asia

Jim McGuinness, Consultant

Ministry of Health, Kazakstan

Dr. Ivan Ivasef, Head of Maternal Child Health

Dr. Svetlana Zhakisheva, National Coordinator ARI/CDD

Dr. Kelesbek Abdoullin, Deputy Director of Department of Drug Procurement

WHO:

Dr. Julie Milstien, Global Program for Vaccines and Immunizations, Geneva

Dr. Murat Usutiev, Health Officer

CDC:

Dr. Terry Chorba, Medical Epidemiologist

Bruce Ross, Public Health Advisor

Project HOPE:

Lara Frazier, Tuberculosis Project Manager

Dr. Reyn Archer, Senior Advisor

Tom Kirby, Regional Director, NIS

**Karaganda:**

VB Alikov, Head of Department of Health

Nadezhda Dais, Chief Pediatrician of Oblast

Professor Kupershtein, Head of Chair of Children's Infectious Disease Hospital

Natalya Dyusembaeva, Chief of Oral Rehydration Center

Sergei Terkhin, Deputy Rector, Karaganda Medical Institute

Gulya Omarova, Chief Gynecologist

**Karakol:**

Dr. Zhildyz Artykbaeva, Chief Pediatrician

Dr. Gulmira Ashirakhmanova

Dr. Gulmira Cherikova, Pediatric Internal Expert, Family Practice Association

Dr. Nazar Usupaliyev, Head of Training, Karakol Family Practice Association

**Zhezkazgan:**

Dr. Alma Makenbaeva, Head of Family Practice Association

**Semipalatinsk:**

Galina Abeneva

**Bishkek:**

Ministry of Health:

Chinara Seitalieva, Coordinator for Pharmaceutical Management

Apisa Kushbakeeva, Chief Pediatrician

BASICS:

Dr. Damira Bibosunova, National Technical Officer

STLI:

Dr. Tom Chew

Kyrgyz State Medical Academy:

Dr. Makenjan Musuraliev, Chief of Gynecology

Carana:

Edward Edgardo, Team Leader

UNICEF:

Dr. Gulsana Turusbekova, Asst. Program Officer

**IX. ANNEXES****ANNEX A. INFECTIOUS DISEASE PROGRAM, 1997****1. Acute Respiratory Infection (ARI) and Childhood Diarrheal Diseases (CDD) Program****Purpose:**

The formation of family group practices in Zhezkazgan, Kazakhstan, and Issyk-kul Oblast, Kyrgyzstan, has created the opportunity to introduce modern clinical practices for the treatment of infectious diseases in an integrated setting of comprehensive primary care. Infectious diseases in children, particularly acute respiratory infections (ARI) and diarrheal diseases (CDD), are responsible for a significant proportion in the overall burden of diseases and are the primary causes of death in children under the age of five. Modern treatment protocols have been developed for ARI/CDD in Zhambul Oblast and will be rolled out to Zhezkazgan region in Karaganda Oblast, and to Issyk-Kul Oblast.

The training will be directed primarily towards family group practitioners, thus moving from a vertical program to a comprehensive program of primary care. Decreasing referrals to the hospitals will generate cost savings. This training can result in further cost efficiencies by using clinically based diagnosis based on an inexpensive physical assessment of the patient, compared to the more expensive traditional fluoroscopy method. There is also cost savings which can be achieved by properly prescribing simple basic antibiotics and oral rehydration salts. In contrast, the current tendency is to use of expensive broad spectrum antibiotics and to prescribe multiple antibiotics, often at considerable unnecessary cost.

The training will use master trainers who have been trained through the BASICS project. The BASICS program has the following major components: a) train small group; b) give participant manual to take home; c) provide appropriate leaflets to mother; d) provide adequate supervision of workers by supervisors; e) provide assessment of facility; f) have DOH commitment; g) emphasize clinical training.

Considerations which need to be taken into account are the seasonality of these infectious diseases, which will affect the time of the trainings. CDD season generally is from July through September; ARI season generally is from October through March.

Particular attention will be placed on close collaboration with the Ministry of Health's Maternal Child Health Department, the National Coordinators, and the local Department of Health which need to be the responsible for the sustainability of the ARI/CDD program. Other donor/collaborators include: UNICEF; WHO; CDC, BASICS, World Bank, and the Manas Project.

*ZdravReform* will provide support by helping select and set-up training sites, and in supporting the training of a Master Trainer for each oblast. Further assistance in designing the training roll-out and in financial support for the roll-out seminars will be provided as funding permits.

### **Indicators, Goals, Strategies**

**IR 3.2.2.1:** Modern management techniques and clinical practices introduced

**Indicator 1:** Increase in number of providers using modern management techniques and clinical practices

**Definition:** Providers using modern treatment protocols for infectious diseases, defined as: Kazakhstan: Number of family doctors trained/Total number of family doctors in Zhezkazgan city and Satpaeva; Kyrgyzstan: Number of family doctors trained/Total number of family doctors in Issyk-Kul Oblast

**Output goal:** 20 percent by March 1998

**3.2.2.1.2** Modern management techniques and clinical practices introduced

**Indicator 1:** Increase in number of facilities using modern management techniques and clinical practices

**Definition:** Providers using modern treatment protocols for infectious diseases

### **ZdravReform Program Plan for ARI/CDD:**

(note: same trainers will be used for both ARI/CDD)

#### **Karaganda Oblast, (which includes Zhezkazgan rayon)**

##### *Activity 1: Designation and training of Oblast Master Trainer*

Natalia Ivanovna Dyusembaeva was designated as Trainer of Trainers and Coordinator of the Karaganda training program. She is a pediatrician, works at the Oral Rehydration Center, is enthusiastic and motivated. The Chief Pediatrician, Nadezhda Dais, will provide support and assistance as needed. Dr. Dyusembaeva will go to the BASICS Training of Masters in Diarrheal Case Management program in Fergana, Uzbekistan, July 23-31, 1997. She will then be certified. She will also attend the Training for Supervisors workshop which will immediately follow. ZdravReform's role is selection of trainer, in conjunction with local authorities, and logistics and financial support for the Master Trainer.

##### *Activity 2: Selection and outfitting of training site*

A training site will be set up at the Oblast Clinical Infectious Diseases Hospital. At the training site, the following program will take place: Room will be designated and outfitted with simple training supplies (slide projector, flip chart, training literature from BASICS, video and TV). Local polyclinics will be used as for the clinical part of the training. ZdravReform's role is selection of training site, in conjunction with local authorities, and financial support for training site.

##### *Activity 3: Detailed training scheme*

A detailed training scheme will be designed in collaboration with the Ministry of Health's Dr. Ivasef; the National Training Coordinator for ARI/CDD, Svetlana Zhakisheva, the new ARI/CDD coordinator for Karaganda Oblast, Natlya Dyusembaeva, Chief Pediatrician Nadezhda Dais, and with input from Grace Hafner, ZdravReform/Abt Associates Inc.

##### *Activity 4: Procurement of training materials*

ZdravReform will ensure that the training site is equipped with Facilitator (Master Trainer) manuals; slides, videos, and participant manuals from BASICS, which will be reproduced for distribution to the trainees. This material will be the same as used by BASICS, WHO and UNICEF.

##### *Activity 5: Roll-out of trainings*

Regional master trainers will be trained. Four doctors, representing four different regions will be invited to Karaganda City. Zhezkazgan City will be included in the first training of regional master trainers, thus ensuring that the family doctors from that area will be trained. These steps will continue until there are sufficient trainers for all available outlying areas.

*Activity 6: Training of all family doctors*

Regional master trainers will train in the outlying regions, ensuring total coverage.

Note: This step will become the responsibility of the Ministry of Health.

Supervision of the entire project will be under Natalya Dyusembaeva and Svetlana Zhakisheva (Oblast and National Coordinators for ARI/CDD)

**ARI Season: This program will be duplicated during ARI season, using the same basic program.**

**Karakol/Issyk Kul Oblast:**

**Basic Program format:**

(note: same trainers will be used for both ARI/CDD)

**Activities:**

*Activity 1: Designation of Oblast Master Trainer*

Pediatric Trainer at the Center of Excellence in Karakol will be selected as Oblast Master Trainer, pending approval by Chief Pediatrician of Oblast, and National Training Coordinator. Assistance will be provided by Dr. Nazar Usupaliev. *ZdravReform*'s role is selection of trainer, in conjunction with local authorities, and logistics and financial support for the Master Trainer.

*Activity 2: Selection and outfitting of training site*

A training site will be set up at the Karakol Center of Excellence. At the training site, the following program will take place: Room will be designated and outfitted with simple training supplies (slide projector, flip chart, training literature from BASICS, video and TV). Local polyclinics will be used as part of the training. *ZdravReform*'s role is selection of training site, in conjunction with local authorities, and financial support for training site.

*Activity 3: Detailed training scheme*

Detailed training scheme will be designed in collaboration with the Ministry of Health's, National Training Coordinator for ARI/CDD. Dr. Ludmilla Zemlyanukhina; the Training Coordinator for the Issyk-Kul Family Practice Association, Dr. Usupaliev; the Chief Pediatrician of the Oblast; and the designated Oblast Trainer, with input from Grace Hafner, *ZdravReform*/Abt Associates Inc. This training scheme will be top-down, with the Master Trainer training a cadre of regional trainers.

*Activity 4: Procurement of training materials;*

*ZdravReform* will ensure that the training site is equipped with Facilitator (Master Trainer) manuals; slides, videos, and participant manuals from BASICS, which will be reproduced for distribution to the trainees. This material will be the same as used by BASICS, WHO and UNICEF.



*Activity 5: Roll-out of trainings*

Master Regional Trainers will be trained. Four doctors, representing four different regions will be invited to Karakol City. These steps will continue until there are sufficient trainers for all available outlying areas.

*Activity 6: Training of all family doctors*

Master Regional Trainers will train in the outlying regions, ensuring total coverage.

Note: This step will be the responsibility of the Ministry of Health.

**Basic program format, Acute Respiratory Infection**

This program will be duplicated during ARI season, using the same basic program. Trainer of trainers will cover both ARI and CDD. Same training sites will be used.

**2. Tuberculosis Program**

**Purpose:**

Tuberculosis is on the increase in Kazakhstan and Kyrgyzstan, and this growing epidemic is a threat to the public health in the region. The current structure for tuberculosis diagnosis and treatment is based on costly and inefficient Soviet protocols, based on long hospitalization (often 1-2 years) and a costly and inefficient dispensarization system for outpatient follow-up.

In collaboration with Project HOPE, CDC and WHO, the *ZdravReform* Program is working with leading Kazakhstani and Kyrgyz infectious disease authorities to increase use and acceptance of the World Health Organization's Directly Observed Therapy Protocol (DOTS), considered the most modern and efficacious treatment method.

The DOTS program is primarily an outpatient program, which will decrease expensive hospitalizations from 1-2 years down to two months. A short (4-6 month) outpatient component of DOTS follows. This could ideally occur in the primary care sector, rather than the currently used dispensaries.

In addition, more cost efficient diagnosis methods based on laboratory techniques can decrease the current dependence on expensive and inefficient fluoroscopy methods. The result will be downsizing of the tuberculosis dispensaries and hospitals, and overall cost savings for the health sector.

*ZdravReform* will work with the CDC to refine the cost-effectiveness analysis of DOTS. The analysis will be used to illustrate to the government that the new treatment protocol is not only more efficacious but results in overall savings in the health sector. The second goal is to integrate tuberculosis treatment with primary care. After the patient's new reduced mandatory hospitalization (approximately two months, using the DOTS therapy), the patient should be returned to the care of the primary care provider who will continue to monitor the outpatient therapy. *ZdravReform* will work with Project HOPE and CDC in integrating DOTS with primary care providers.

### **Indicators/Goals and Strategies:**

#### **3.2.2.1.2** Modern management techniques and clinical practices introduced

**Indicator 1:** Increase in number of facilities using modern management techniques and clinical practices

**Definition:** Providers using modern treatment protocols for infectious diseases

#### **Activities:**

**Activity summary:** Based on the plan developed by USAID and CDC, incorporate work on infectious diseases into the comprehensive health reform model, provide logistical support for infectious disease reform pilots, and collect and evaluate data in Almaty Oblast.

1. Purchase computer and printer for use in the Tuberculosis Monitoring Center to be located at the Republican Tuberculosis Institute in Kazakhstan and at a designated site in Kyrgyzstan.
2. Provide computer technical support in designing a data base for collection of required data for CDC/Project HOPE work. The data base will be used to provide detailed data needed to carry out a cost-effectiveness analysis of DOTS.
3. In collaboration with CDC, carry out a cost-effectiveness analysis of DOTS versus current long-term hospitalization/dispensary system (1-2 years). *ZdravReform* will carry out step-down cost accounting of the demonstration tuberculosis dispensaries which will provide information on the current cost per case.
4. Provide support in fostering open procurement policies for anti-tuberculosis medications

### **3. Other Work in Infectious Disease**

*ZdravReform* participates with other donors in infectious disease issues that have applicability to primary health care and economic reform. Procurement of vaccines and issues in managing the logistics of drug supply are areas of overlap.

*ZdravReform* will lend support to other infectious disease work done by other donors, which leads to improvements in health care in Kazakhstan, Kyrgyzstan and Uzbekistan.

#### **Collaboration 1:**

Presentation on *Pharmaceutical Management Considerations in Vaccine Procurement*, by *ZdravReform* consultant Grace Hafner, B.S. Pharm, M.P.H. at the International Practices of Vaccine Procurement and Organization of Quality Assurance Seminar, in Almaty, Kazakhstan, June 30-July 2, 1997, sponsored by USAID/BASICS in cooperation with the Kazakhstan MOH and with technical support from WHO, UNICEF, and *ZdravReform*/Abt Associates Inc.

## **ANNEX B. FAMILY PLANNING/REPRODUCTIVE HEALTH PROGRAM AT THE FAMILY GROUP PRACTICE**

### **Purpose:**

Incorporation of Reproductive Health Issues, including family planning, is a logical step in the development of the FGP as the vehicle for delivery of primary care.

A radical change in the structure of health care is occurring in one pilot oblast, Issyk-Kul, in Kyrgyzstan; and two Kazakhstan regions, Zhezkazgan, now part of Karaganda Oblast, and Semipalatinsk, now part of East Kazakhstan Oblast. As part of the health care reforms, a change in focus from hospital-based care to primary care has resulted in the development of FGPs. These practices have replaced the specialized polyclinics which were a hallmark of the Soviet primary health care system. Each practice consists of at least two physicians, often a pediatrician and an internist. Now, many obstetrician-gynecologists have also been incorporated into the FGP. In the newly developed family practice structure, a woman's care can be conveniently and economically rendered in one location; in the past, a woman would need to visit several specialized clinics to cover her health care needs.

Increasing access by making it more convenient for women to receive reproductive health assistance, including contraceptive information and/or methods, at their local FGP should result in a decrease in the abortion rate and increase in the use of modern methods. Information and assistance concerning sexually transmitted diseases, including HIV/AIDS also needs to be offered.

### **Indicators, Goals, Activities and Strategies**

#### **IR 3.2.2.1**

**Indicator:** Increase in number of health providers using modern management techniques and clinical practices.

**Definition:** Increase in number of providers using modern family planning practices, defined as: Kazakhstan: number of family doctors trained/total number of family doctors in Zhezkazgan City and Satpaeva; Kyrgyzstan: number of family doctors trained/total number of family doctors in Issyk-Kul Oblast.

**Output Goal:** 80 percent

#### **Activities 1:**

*Activity 1: Increase the acceptance of the FGP as a provider of quality reproductive health care services by informing the public*

#### **Zhezkazgan Region:**

- Contraceptive information commercials will be shown on public television, in the city and the oblast; collaboration with SOMARC.  
Time frame: September 1997
- Video (*Family Planning is Now at Your Neighborhood Family Group Practice*) will be developed.

Time frame: September 1997

- Video will be broadcast in conjunction with enrollment campaign for FGPs.  
Time frame: September-October 1997
- Brochures on family planning for patients and educational materials for providers will be provided.

Time frame: July-November 1997

**Issyk-Kul:**

- Contraceptive information commercials will be shown on public television, in the city and the oblast; collaboration with SOMARC.

Time frame: September 1997

- ZdravReform marketing group in Karakol will create video *Family Planning is Now at Your Neighborhood Family Group Practice*.

Time frame: July-September 1997

- Video will be broadcast on regional television.  
Time frame: September-October 1997
- Provide necessary brochures on family planning for patients and educational materials for providers.

Time frame: August-December 1997

*Activity 2: Increase the use of family planning indicators as a method of monitoring services at the FGP; collation can be done by practice managers and analyzed by the gynecologists.*

**Zhezkazgan City:**

- Data will be collected in each FGP, collated monthly by the practice manager and analyzed by the gynecologists. The data will include the abortion rate and modern contraceptive use. Data will be collected via the FGP data form and collection of data from Maternity House.

Time frame: July-December 1997

**Karakol City, Issyk-Kul Oblast, Kyrgyzstan**

- Data will be collected in each FGP, collated monthly by the practice manager and analyzed by the gynecologists. The data will include the abortion rate and modern contraceptive use. Data will be collected via the national FGP data form and collection of data from Maternity House.

Time frame: July-December 1997

*Activity 3: Increase the knowledge and skills of the internists and obstetrician-gynecologists working at the FGPs, through ZdravReform's coordination and collaboration with other donors, specializing in technical assistance in reproductive health.*

**Zhezkazgan City; Satpaeva City, Zhezkazgan Region, Karaganda Oblast:**

- Modern contraceptives and IUD update training will include 25 physicians from Zhezkazgan City and Satpaeva; collaboration with AVSC.

Time frame: April 1997.

- Seminar on general reproductive health issues will be conducted. Modern provider contraceptive literature will be provided; patient education materials distributed; collaboration with IPPF.  
Time frame: August 1997
- Coordination with UNFPA and Pathfinder International will result in local doctors and journalists being invited to Almaty National Conference on Reproductive Health, Media Seminar  
Time frame: June-July 1997
- An Obstetrician-Gynecologist Trainer of Trainers will be selected at the first session, to receive additional counseling training at an AVSC session in Almaty in July. This person will then be available to do trainings in more remote areas of the region, as needed.  
Time frame: July 1997
- Modern Contraceptive Update Seminar, for Karaganda; collaboration with AVSC  
Time frame: September 1997
- Family Doctor Seminar, Women and Children (Reproductive Health, ARI/CDD), collaboration with Karaganda DOH and MOH.  
Time frame: November 1997

**Karakol City, Issyk-Kul Oblast, Kyrgyzstan:**

- Counselling and modern contraceptive use seminar for all 180 family doctors; local JHPIEGO trainers will be hired by ZdravReform; coordination will be by ZdravReform Karakol office, and Almaty office.  
Time frame: July 1997
- Seminar on general reproductive health issues. Modern provider contraceptive literature will be provided; as well as patient education materials distributed. Collaboration with IPPF  
Time frame: May 1997
- An Obstetrician-Gynecologist Trainer of Trainers will be selected to receive additional counseling training at an AVSC session in Almaty in July. This person will then be available to do trainings in more remote areas of the region, as needed.  
Time frame: July 1997

**Semipalatinsk Oblast:**

- Modern contraceptive update and IUD training for 50 family doctors, including ob-gyn specialty: collaboration with AVSC  
Time frame: September 97
- An Obstetrician-Gynecologist Trainer of Trainers will be selected to receive additional counseling training at an AVSC session in Almaty in July. This person will then be available to do trainings in more remote areas of the region, as needed.  
Time frame: July 1997

*Activity 4 Increase patient satisfaction in family planning provided at the FGP by increasing the amount of available contraceptive information.*

**Zhezkazgan City and one rural area**

- Family planning questions will be included in a general survey in Zhezkazgan City, Satepaeva and a selected rural area.

Time frame: September 97

**Karakol City and one rural area**

- Survey will be of 10 percent of the fertile women of Karakol City and the selected rural area and will ask questions concerning family planning counseling experiences.

Time frame: April 1997

- Survey data will be collated and analyzed, in collaboration with IPPF.

Time frame: Oct 1997

*Activity 5: Increase support of FGP infrastructure by providing grants to purchase needed equipment and supplies.*

**Zhezkazgan Region**

- Family Planning Association will be invited to apply for a *ZdravReform* grant, in order to acquire needed equipment.

Time frame: October 1997

- Commodities (IUD and Depo Provera) will be requested from USAID.

- Oral contraceptive samples will be provided; collaboration with SOMARC and cooperation by Gedeon Richter drug company.

Time frame: Oct 97

**Semipalatinsk Region:**

- Commodities (IUD and Depo Provera) will be requested from USAID.

- Oral contraceptive samples will be provided; collaboration with SOMARC and cooperation by Gedeon Richter drug company.

Time frame: October 1997

**Issyk-Kul Oblast**

- Family Planning Association will be invited to apply for a *ZdravReform* grant, in order to acquire needed equipment.

Time frame: September 1997

- Commodities (IUD, Depo Provera, oral contraceptives) will be requested from USAID.

Time frame October 1997